

**Pamela M. Geller**  
**1715 Carrington Way**  
**Bloomfield, MI 48302**

March 29, 2007

United States Bankruptcy Court  
Southern District of New York  
Delphi Corporation Claims  
One Bowling Green  
Room 534  
New York, New York 10004-1408

Re: Delphi Corporation 05-44481  
Proof of Claim  
Change of Address


To Whom It May Concern:

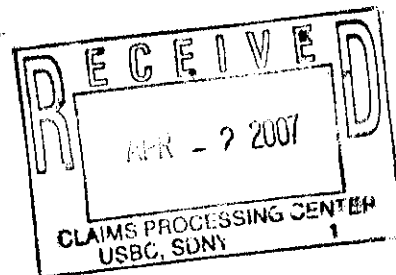
With respect to the enclosed timely filed Proof of Claim, please update the address for notice as follows:

**Pamela M. Geller**  
**1715 Carrington Way**  
**Bloomfield, Michigan 48302**

Please date stamp the enclosed copy of this letter and return in the enclosed stamped, self-addressed envelope.

Sincerely yours,

  
Pamela M. Geller



<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK</b>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>Delphi Corporation</b>		Case Number <b>05-44481</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>Pamela Geller</b>		<p style="font-size: 1.2em; font-weight: bold;">Received</p> <p style="font-size: 1.2em; font-weight: bold;">AUG 05 2006</p> <p style="font-size: 1.2em; font-weight: bold;">Kurtzman Carson</p> <p style="font-size: 0.8em;">THIS SPACE IS FOR COURT USE ONLY</p>
Name and address where notices should be sent: <b>Pamela Geller c/o Eric R. Wapnick, Esq. Suite 200, 100 Bloomfield Hills Parkway Bloomfield Hills, Michigan 48304</b>  Telephone number: <b>248-258-7855</b>		
<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Last four digits of account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Indemnification against liability/damages/expenses and advancement of legal expenses under bylaws. Wrongful refusal to advance defense fees and wrongful termination of indemnification.</u> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Last four digits of your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
<b>2. Date debt was incurred:</b> Ongoing from 9/15/05		<b>3. If court judgment, date obtained:</b>
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<b>Unsecured Nonpriority Claim</b> <u>\$ Contingent and unliquidated; legal costs totaled \$27,065.07 billed amounts as of 7/14/06</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		<b>Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____
<b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
<b>5. Total Amount of Claim at Time Case Filed:</b> \$ <u>Contingent/unliquidated</u> (unsecured) \$ _____ (secured) \$ _____ (priority) \$ <u>Contingent/unliquidated</u> (Total) <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <b>7/26/06</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Pamela Geller</u>	

**ADDENDUM TO PROOF OF CLAIM**

**05-44481**

**Debtor: Delphi Corporation**

**Creditor: Pamela Geller**

1. The basis for this claim is the obligations of Delphi Corporation to the Creditor claimant pursuant to Article 5, including, but not limited to, Sections 5.1 and 5.5, of the Amended and Restated Bylaws of Delphi Corporation which Creditor does not have and are in the possession of Delphi Corporation, the General Corporate Law of the State of Delaware, and Paragraph 10 of the Special Separation & Release entered into between the Creditor claimant and Delphi Corporation which is subject to a confidentiality provision and is in the possession of Delphi Corporation.
2. The Creditor claimant has incurred legal fees and costs for which Delphi Corporation is obligated as described in the preceding paragraph in the amount of \$12,279.87 as of the date of filing of the bankruptcy petition in this Court, \$14,785.20 after the date of filing of said bankruptcy petition, and expects to incur ongoing and future legal fees and costs which have not yet been either billed or incurred. The Creditor claimant may also incur additional legal fees and costs and other liabilities related to matters arising from her employment by Delphi Corporation and reserves the right to amend her Proof of Claim to reflect any such developments.
3. This Proof of Claim is being filed without prejudice to Creditor claimant's ability to assert an administrative priority claim for the reimbursement of legal fees and costs for which Delphi Corporation is obligated to pay Creditor claimant on a post-petition basis. Creditor claimant reserves the rights to (a) amend, update, or supplement this Proof of Claim at any time and in any respect; (b) file additional proofs of claim; and (c) file a request for payment of administrative expenses in accordance with 11 U.S.C. § 503. Creditor claimant does not waive any claims against Delphi Corporation that may arise post-confirmation.
4. These claims are not subject to any rights of setoff, recoupment or counterclaim, except to the extent that Delphi Corporation or any other party takes any action that would give rise to such rights or other rights or claims that Creditor claimant may have against Delphi Corporation. In such instances, Creditor claimant reserves all of her rights to setoff, recoupment or counterclaim.
5. By filing this Proof of Claim, Creditor claimant does not submit to the jurisdiction of this Court for any purpose other than with respect to this claim, and Creditor claimant does not waive, and specifically preserves all of her procedural and substantive defenses to, any claim that may be asserted against Creditor claimant by Delphi Corporation or its affiliates or by any trustee of their estates.

